

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☒ yes

☐ no

☐ Ms.

☒ Mr. Artist

MORTON GROSSMAN

(Last Name Last)

Permanent

Address

217 CRAIN AVE., KENT

Street

City

44240

Tel. (216) **678-8754**

Zip

Area Code

Temporary or

Studio Address

— (SAME AS ABOVE) —

Street

City

Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? **—**

Collaborator **—**

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Morton Grossman
(Robert Morton)

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Morton Grossman

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS

1

- ☒ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

ACRYLIC ON CANVAS

Title

JOURNEY

Price or NFS

1200

Insurance Value
if NFS Only

Size

48" x 68"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED
REJECTED		REJECTED
X		

2

- ☒ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

WATERCOLOR ON PAPER

Title

TIDE

18

Price or NFS

700

Insurance Value
If NFS Only

Size

29" x 22" (M.O.)

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED	RECEIVED
X		X	SPN
REJECTED		REJECTED	DATE
			5/14 83

DETACH

1983 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106

MORTON GROSSMAN

Name

217 CRAIN AVE.

Address

KENT, OHIO 44240

City & State

Zip

This is your only receipt to claim your object(s).

NOTIFICATION #2

DO NOT
DETACH

1

- ☒ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Title

JOURNEY

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

2

- ☒ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Title

TIDE

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

214 (1)

X

RETURN OF OBJECTS:

REJECTED: MAY31- JUNE 4

ACCEPTED: JULY 25-30

It is understood that the Museum will have the right to dispose
for its own account any object not called for by the dates listed.